

Los Angeles County + University of Southern California Medical Center
ATTENDING STAFF OFFICE

Dear Applicant:

Check List

APPOINTMENT

YOUR INITIAL APPLICATION WILL BE REVIEWED/CONSIDERED COMPLETE, WHEN ALL THE DOCUMENTS LISTED BELOW HAVE BEEN RECEIVED AND ALL INFORMATION HAS BEEN VERIFIED. IF NOT APPLICABLE, PLEASE DO NOT REMOVE FORMS FROM APPLICATION, INDICATED N/A AND SIGN. THANK YOU.

- ☐ A signed Application Form. All fields must be completed. If incomplete, application may be returned. (Indicate None or Not Applicable, as appropriate.)
- ☐ A signed Clinical Privilege Form. (Indicate your desire scope of privileges in the column entitle "requested". Please bear in mind the privileges requested should be those that are actually performed by you.)
- ☐ Application Fee: (Fulltime Attending \$200.00, Voluntary Attending \$50.00) Make check payable to **LAC+USC Attending Staff Association**.
- ☐ Three Peer References (Please give letters to your peers and ask them to complete and return to Attending Staff Office, they may mail, e-mail, or fax.)

Please Submit a **Copy** of the following documents:

- ☐ A copy of Photo I.D. (valid picture ID issued by state, federal agency)
- ☐ A copy of your Curriculum Vitae (Please date CV)
- ☐ NPI (National Provider Identifier) To apply for this number go to <https://nppes.cms.hhs.gov>
- ☐ A copy of your CA Medical License and any special permits or certificates of training required to support your application/privilege request, i.e., Fluoroscopy, Radiology, Radiography, General Anesthesia permits, CPR certification, etc.

Please **Sign** the following documents:

- ☐ Affirmative Statement
- ☐ Medicare Acknowledgment Statement
- ☐ Data Security Acknowledgment Statement
- ☐ Tuberculosis Screening Letter
- ☐ EMTALA Regulations Letter
- ☐ Copy of your Code of Conduct Acknowledgment Certificate (Instructions for completing attached.)
- ☐ HIPAA Assessment Exam
- ☐ Work History
- ☐ List for Hospital Staff Affiliations (during last 5 years)
- ☐ Brain Death Privileges Exam (if applicable) (Return request page and answer sheet only)
- ☐ Moderate Sedation Privileges Exam (if applicable) (Return request page and answer sheet only) **Must provide a copy of BLS, ACLS, PALS or equivalent.**
- ☐ Placement of Central Lines- Training (if applicable) (Return certificate of completion)
- ☐ Patient Safety Education – (Return quiz)
- ☐ Data Systems Access Application – (Please fax to the area indicated on form ONLY)

You will be notified in writing when your application for membership and privileges has been approved by the Governing Body Representative. Be advised that until then, you cannot attend on any of the services at LAC+USC Medical Center and will not be covered for malpractice.

RETURN THE APPLICATION PACKET TO: Irma Estrada

Email: iestrada@dhs.lacounty.gov Phone: (323) 409-6225 FAX: (323) 441-8123

Attending Staff Office, 1200 N. State Street, Clinic Tower, Room 2B300 Los Angeles, CA 90033